

B. Suggested Form for Notice of Intent (NOI) for the Remediation General Permit

MA6710351

1. General site information. Please provide the following information about the site:

a) Name of facility/site: Getty #30629		Facility/site address:	
Location of facility/site: longitude: <u>42° 36' 49"N</u> latitude: <u>71° 14' 23"W</u>	Facility SIC code(s): 5541	Street: 869 Main St	
b) Name of facility/site owner: Getty Realty		Town: Tewksbury	
Email address of owner:	State: MA	Zip: 01876	County: Middlesex
Telephone no. of facility/site owner: (516) 478-5400			
Fax no. of facility/site owner: (516) 478-5476		Owner is (check one): 1. Federal____ 2. State/Tribal____	
Address of owner (if different from site):		3. Private <input checked="" type="checkbox"/> 4. other, if so, describe:	
Street: 125 Jericho Tpke			
Town: Jericho	State: NY	Zip: 11753	County: Nassau
c) Legal name of operator: The Tyree Company		Operator telephone no: (508) 871-8300	
		Operator fax no.: (508) 871-8301	Operator email:
Operator contact name and title: Stephen Hebenstreit Grade 2M Wastewater Treatment Operator (MADEP #604)			
Address of operator (if different from owner):		Street: 9 Otis St	
Town: Westboro	State: MA	Zip: 01581	County: Worcester
d) Check "yes" or "no" for the following:			
1. Has a prior NPDES permit exclusion been granted for the discharge? Yes <input checked="" type="checkbox"/> No____, if "yes," number:			
2. Has a prior NPDES application (Form 1 & 2C) ever been filed for the discharge? Yes____ No____, if "yes," date and tracking #:			
3. Is the discharge a "new discharge" as defined by 40 CFR 122.2? Yes <input checked="" type="checkbox"/> No____			
4. For sites in Massachusetts, is the discharge covered under the MA Contingency Plan (MCP) and exempt from state permitting? Yes <input checked="" type="checkbox"/> No____			

<p>e) Is site/facility subject to any State permitting or other action which is causing the generation of discharge? Yes___ No <input checked="" type="checkbox"/></p> <p>If "yes," please list:</p> <ol style="list-style-type: none"> 1. site identification # assigned by the state of NH or MA: 2. permit or license # assigned: 3. state agency contact information: name, location, and telephone number: 	<p>f) Is the site/facility covered by any other EPA permit, including:</p> <ol style="list-style-type: none"> 1. multi-sector storm water general permit? Y___ N <input checked="" type="checkbox"/>, if Y, number: 2. phase I or II construction storm water general permit? Y___ N <input checked="" type="checkbox"/>, if Y, number: 3. individual NPDES permit? Y___ N <input checked="" type="checkbox"/>, if Y, number: 4. any other water quality related permit? Y___ N <input checked="" type="checkbox"/>, if Y, number:
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2. Discharge information. Please provide information about the discharge, (attaching additional sheets as needed) including:

a) Describe the discharge activities for which the owner/applicant is seeking coverage:		
Discharge for pump & treat activities		
b) Provide the following information about each discharge:	1) Number of discharge points: 1	2) What is the maximum and average flow rate of discharge (in cubic feet per second, ft ³ /s)? Max. flow .11 Average flow .05 Is maximum flow a design value ? Y___ N <input checked="" type="checkbox"/> For average flow, include the units and appropriate notation if this value is a design value or estimate if not available.
3) Latitude and longitude of each discharge within 100 feet: pt.1:long.____ lat.____; pt.2: long.____ lat.____; pt.3: long.____ lat.____; pt.4:long.____ lat.____; pt.5: long.____ lat.____; pt.6:long.____ lat.____; pt.7: long.____ lat.____; pt.8:long.____ lat.____; etc.		
4) If hydrostatic testing, total volume of the discharge (gals):		5) Is the discharge intermittent <input checked="" type="checkbox"/> or seasonal____? Is discharge ongoing Yes <input checked="" type="checkbox"/> No____?
c) Expected dates of discharge (mm/dd/yy): start <u>10/29/07</u> end_____		
d) Please attach a line drawing or flow schematic showing water flow through the facility including: 1. sources of intake water, 2. contributing flow from the operation, 3. treatment units, and 4. discharge points and receiving waters(s).		

3. Contaminant information. In order to complete this section, the applicant will need to take a minimum of one sample of the untreated water and have it analyzed for **all** of the parameters listed in Appendix III. Historical data, (i.e., data taken no more than 2 years prior to the effective date of the permit) may be used if obtained pursuant to: i. Massachusetts' regulations 310 CMR 40.0000, the Massachusetts Contingency Plan ("Chapter 21E"); ii. New Hampshire's Title 50 RSA 485-A: Water Pollution and Waste Disposal or Title 50 RSA 485-C: Groundwater Protection Act; or iii. an EPA permit exclusion letter issued pursuant to 40 CFR 122.3, provided the data was analyzed with test methods that meet the requirements of this permit. Otherwise, a new sample shall be taken and analyzed.

a) Based on the analysis of the sample(s) of the untreated influent, the applicant must check the box of the sub-categories that the potential discharge falls within.

Gasoline Only	VOC Only	Primarily Metals	Urban Fill Sites	Contaminated Sumps	Mixed Contaminants	Aquifer Testing
Fuel Oils (and Other Oils) only	VOC with Other Contaminants	Petroleum with Other Contaminants	Listed Contaminated Sites	Contaminated Dredge Condensates	Hydrostatic Testing of Pipelines/Tanks	Well Development or Rehabilitation

b) Based on the analysis of the untreated influent, the applicant must indicate whether each listed chemical is **believed present** or **believed absent** in the potential discharge. Attach additional sheets as needed.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
1. Total Suspended Solids		✓	1	grab (g)	2540	.4	181	.049	181	.024
2. Total Residual Chlorine	✓		1	g	4500					
3. Total Petroleum Hydrocarbons										
4. Cyanide	✓		1	g	8260					
5. Benzene		✓	1	g	8260	.5	3.7	.001	3.7	.0005
6. Toluene		✓	1	g	8260	1	21.3	.006	21.3	.003
7. Ethylbenzene		✓	1	g	8260	1	35.9	.009	35.9	.004
8. (m,p,o) Xylenes		✓	1	g	8260	1	190	.051	190	.025
9. Total BTEX ⁴		✓					251	.068	251	.034

⁴BTEX = Sum of Benzene, Toluene, Ethylbenzene, total Xylenes.

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							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
10. Ethylene Dibromide ⁵ (1,2- Dibromo-methane)	✓		1	g	8260					
11. Methyl-tert-Butyl Ether (MtBE)		✓	1	g	8260	5	1700	.464	1700	.232
12. tert-Butyl Alcohol (TBA)	✓		1	g	8260					
13. tert-Amyl Methyl Ether (TAME)		✓	1	g	8260	2	10.5	.003	10.5	.0015
14. Naphthalene		✓	1	g	8260	5	30.8	.008	30.8	.004
15. Carbon Tetra-chloride	✓		1	g	8260					
16. 1,4 Dichlorobenzene	✓		1	g	8260					
17. 1,2 Dichlorobenzene	✓		1	g	8260					
18. 1,3 Dichlorobenzene	✓		1	g	8260					
19. 1,1 Dichloroethane	✓		1	g	8260					
20. 1,2 Dichloroethane	✓		1	g	8260					
21. 1,1 Dichloroethylene	✓		1	g	8260					
22. cis-1,2 Dichloro-ethylene	✓		1	g	8260					
23. Dichloromethane (Methylene Chloride)	✓		1	g	8260					
24. Tetrachloroethylene	✓		1	g	8260					

⁵EDB is a groundwater contaminant at fuel spill and pesticide application sites in New England.

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							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
f. Dibenzo(a,h) anthracene	✓		1	g	8260					
g. Indeno(1,2,3-cd) Pyrene	✓		1	g	8260					
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)		✓	1	g	8260		23.9	.006	23.9	.006
h. Acenaphthene	✓		1	g	8260					
i. Acenaphthylene	✓		1	g	8260					
j. Anthracene	✓		1	g	8260					
k. Benzo(ghi) Perylene	✓		1	g	8260					
l. Fluoranthene	✓		1	g	8260					
m. Fluorene	✓		1	g	8260					
n. Naphthalene-		✓	1	g	8260	5.6	23.9	.006	23.9	.006
o. Phenanthrene	✓		1	g	8260					
p. Pyrene	✓		1	g	8260					
37. Total Polychlorinated Biphenyls (PCBs)			1	g						
38. Antimony	✓		1	g	6010					
39. Arsenic		✓	1	g	6010	10	43.4			
40. Cadmium	✓		1	g	6010					
41. Chromium III	✓		1	g	6010					
42. Chromium VI	✓		1	g	6010					

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							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
43. Copper	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	g	6010					
44. Lead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	g	6010	5	7	.0019	7	.0005
45. Mercury	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	g	7470a					
46. Nickel	<input type="checkbox"/>	<input type="checkbox"/>								
47. Selenium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	g	6010					
48. Silver	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	g	6010					
49. Zinc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	g	6010	20	776	.211	776	.105
50. Iron	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	g	6010	100	105,000	28	105,000	14
Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>								

c) For discharges where **metals** are believed present, please fill out the following:

<p><i>Step 1:</i> Do any of the metals in the influent have a reasonable potential to exceed the effluent limits in Appendix III (i.e., the limits set at zero to five dilutions)? Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p>	<p>If yes, which metals?</p>
<p><i>Step 2:</i> For any metals which have reasonable potential to exceed the Appendix III limits, calculate the dilution factor (DF) using the formula in Part I.A.3.c) (step 2) of the NOI instructions or as determined by the State prior to the submission of this NOI.</p> <p>What is the dilution factor for applicable metals?</p> <p>Metals: _____</p> <p>DF: _____</p>	<p>Look up the limit calculated at the corresponding dilution factor in Appendix IV. Do any of the metals in the influent have the potential to exceed the corresponding effluent limits in Appendix IV (i.e., is the influent concentration above the limit set at the calculated dilution factor)?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> If "Yes," list which metals:</p>

4. Treatment system information. Please describe the treatment system using separate sheets as necessary, including:

a) A description of the treatment system, including a schematic of the proposed or existing treatment system:						
b) Identify each applicable treatment unit (check all that apply):	Frac. tank	Air stripper <input checked="" type="checkbox"/>	Oil/water separator	Equalization tanks	Bag filter	GAC filter <input checked="" type="checkbox"/>
	Chlorination	Dechlorination	Other (please describe):			
c) Proposed average and maximum flow rates (gallons per minute) for the discharge and the design flow rate(s) (gallons per minute) of the treatment system: Average flow rate of discharge <u>25</u> Maximum flow rate of treatment system <u>50</u> Design flow rate of treatment system _____						
d) A description of chemical additives being used or planned to be used (attach MSDS sheets):						

5. Receiving surface water(s). Please provide information about the receiving water(s), using separate sheets as necessary:

a) Identify the discharge pathway:	Direct _____	Within facility _____	Storm drain <input checked="" type="checkbox"/>	River/brook _____	Wetlands _____	Other (describe):
b) Provide a narrative description of the discharge pathway, including the name(s) of the receiving waters: <u>SYSTEM DISCHARGES TO TOWN STORM SEWER AND INTO UNNAMED WETLAND. NO CHANGE SINCE 1993 APPROVAL.</u>						
c) Attach a detailed map(s) indicating the site location and location of the outfall to the receiving water: 1. For multiple discharges, number the discharges sequentially. 2. For indirect dischargers, indicate the location of the discharge to the indirect conveyance and the discharge to surface water The map should also include the location and distance to the nearest sanitary sewer as well as the locus of nearby sensitive receptors (based on USGS topographical mapping), such as surface waters, drinking water supplies, and wetland areas.						
d) Provide the state water quality classification of the receiving water _____,						
e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water _____ cfs Please attach any calculation sheets used to support stream flow and dilution calculations.						
f) Is the receiving water a listed 303(d) water quality impaired or limited water? Yes _____ No <u>X</u> If yes, for which pollutant(s)? Is there a TMDL? Yes _____ No <u>X</u> If yes, for which pollutant(s)?						

6. Results of Consultation with Federal Services: Please provide the following information according to requirements of Part I.B.4 and Appendices II and VII.


a) Are any listed threatened or endangered species, or designated critical habitat, in proximity to the discharge? Yes___No___ <input checked="" type="checkbox"/> Has any consultation with the federal services been completed ? Yes___ No___ or is consultation underway? Yes___ No___ What were the results of the consultation with the U.S. Fish and Wildlife Service and/or National Marine Fisheries Service (check one): a "no jeopardy" opinion? ___or written concurrence___ on a finding that the discharges are not likely to adversely affect any endangered species or critical habitat?
b) Are any historic properties listed or eligible for listing on the National Register of Historic Places located on the facility or site or in proximity to the discharge? Yes___ No___ <input checked="" type="checkbox"/> Have any state or tribal historic preservation officer been consulted in this determination (Massachusetts only)? Yes___ No___ <input checked="" type="checkbox"/>

7. Supplemental information. :

Please provide any supplemental information. Attach any analytical data used to support the application. Attach any certification(s) required by the general permit.

8. Signature Requirements: The Notice of Intent must be signed by the operator in accordance with the signatory requirements of 40 CFR Section 122.22, including the following certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Facility/Site Name:	Getty 30629 - 869 Main Street, Tewksbury, MA 01876
Operator signature:	
Title:	Grade 2M Wastewater Treatment Operator (MADEP #604)
Date:	3-18-08